

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 73

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A. Full Name (Last, First, Middle Initial) Bennie J Mullins, Jr Mailing Address 16928 Lemming Lane City State Zip Code St Robert MO 65584-9406 FEC ID number of contributing federal political committee. C Name of Employer St. Johns Health System Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: 25917136 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Tara W Ray Mailing Address 72 CR 406 City State Zip Code Iuka MS 38852 FEC ID number of contributing federal political committee. C Name of Employer Samford Univ Occupation CRNA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7 Transaction ID: 25917140 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Deborah L Leeper Mailing Address 1502 Rosebank Avenue City State Zip Code Nashville TN 37206-1022 FEC ID number of contributing federal political committee. C Name of Employer self Occupation crna Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7 Transaction ID: 25917146 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)